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**SCHERING-PLOUGH CORPORATION**  
 LAW DEPARTMENT  
 2000 GALLOPING HILL ROAD  
 K-6-1, MAIL STOP  
 KENILWORTH, NEW JERSEY 07033  
 (908) 298-4000

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To **USPTO** FAX NUMBER:  
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FROM: **Gerard E. Reinhardt** PHONE NUMBER: **908-298-2960**  
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**23** **April 11, 2005**

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**PLEASE HAND DELIVER**

In re Application of US Patent Application No. 10/705,282  
 For Patent For: "METHODS OF USE OF THROMBIN RECEPTOR ANTAGONISTS"  
 Filing Date: November 10, 2003  
 Our Ref.: CV01185K1X  
 Applicant: Chackalamannil, S.

Transmitted herewith are:

- Fax Cover Sheet – 1 page
- Certificate of Fax Transmission – 1 page
- Preliminary Amendment – 19 pages
- Fee Transmittal – 1 page (in duplicate)

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PHONE: (908)298-3955

FAX: (908)298-5388

Attorney Docket No.: CV01185K1X US  
Application No.: 10/705,282  
Filing Date: November 10,2003  
First Named Inventor: Chackalamannil, S., et.al.

PTO/SB/07 (08-03)  
Approved for use through 07/31/2006. OMB 0651-0031  
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Fax Cover Sheet - 1 page

Preliminary Amendment - 19 pages

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 950.00)

Complete if Known	
Application Number	10/705,282
Filing Date	November 10, 2003
First Named Inventor	Chackalamannil, S.
Examiner Name	TN
Art Unit	1625
Attorney Docket No.	CV01185K1X

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 24265 Deposit Account Name: Schering-Plough Corporation.

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Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

APPLICATION TYPE	FILING FEES	SEARCH FEES	EXAMINATION FEES	FEES PAID (\$)
utility	300	500	200	_____
Design	200	100	130	_____
Plant	200	300	160	_____
Reissue	300	500	600	_____
Provisional	200	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent **Fee (\$)** 50  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200  
 Multiple dependent claims 360

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
39	- 20 or HP = 19	x 50	- 950			
	HP = highest number of total claims paid for, if greater than 20					
Indep. Claims	2	0	0			
	- 3 or HP = 0	x	- 0			
	HP = highest number of independent claims paid for, if greater than 3					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 43,041	Telephone 908-298-2960
Name (Print/Type)	Gerard E. Reinhardt	Date	April 11, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DUPLICATE**PTO/SB/17 (12-04v2)  
Approved for use through 07/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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For FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (S) 950.00

Complete If Known	
Application Number	10/705,282
Filing Date	November 10, 2003
First Named Inventor	Chackalamannil, S.
Examiner Name	TN
Art Unit	1625
Attorney Docket No.	CV01185K1X

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 Deposit Account Deposit Account Number 24265 Deposit Account Name: Schering-Plough Corporation

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Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

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APPLICATION TYPE	FILING FEES	SEARCH FEES	EXAMINATION FEES	FEES PAID (\$)
utility	300	500	200	_____
Design	200	100	130	_____
Plant	200	300	160	_____
Reissue	300	500	600	_____
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**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200

Multiple dependent claims 360

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
39	- 20 or HP = 19	x 50	- 950			
	HIP = highest number of total claims paid for, if greater than 20					
Indep. Claims	2	- 3 or HP = 0	x 0	- 0		
	HIP = highest number of independent claims paid for, if greater than 3					

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/60 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

SUBMITTED BY	Signature	Registration No. (Attorney/Agent)	Telephone
Name (Print/Type)	Gerard E. Reinhardt	43,041	908-298-2960

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If you need assistance in completing the form, call 1-800-PTO-9199 and select Option 2.

APR 11 2005

PATENT: CV01185K1X

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Chackalamannil et al. ) Group Art Unit: 1625  
Serial No.: 10/705,282 ) Examiner: To Be Assigned  
Filed: November 10, 2003 )  
For: **Methods of Use of**  
    **Thrombin Receptor Antagonists** )  
Docket No.: CV01185K1X )

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

It is respectfully requested that this amendment be entered before the above-identified application is given substantive consideration.

Please amend the above-identified application, without prejudice, as follows:

Amendments to the claims start on page 2.

Remarks start on page 19.